Company name
Address
Address
City, State Zip Code
Telephone Number
Contact Name
Contact Phone No./email



Contact Phone No./email	If order is through			
Payer's Name	SSN	Court Order No	DHR, Participant ID	Dollar Amount
			•	
Total				\$ -

- 1) Enter the company information.
- 2) Enter the data on the detail lines for each employee for which withholding is included.
- 3) Enclose a check equal to the amount shown in the computed check amount field.
- 5) Mail the check and the listing to: Alabama Child Support Payment Center PO Box 244015